



Self-Awareness Analysis and Its Implications for Coastal Community Health in Penang-Malaysia : Qualitative Approach

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Abstract

Coastal communities often face unique health challenges, particularly limited access to health services and sanitation problems. In the coastal area of Penang District, Malaysia. Coastal environments are often exposed to higher health risks due to their proximity to the sea, low access to basic infrastructure, and people's lifestyles that depend on nature. The research aims to analyze the self-awareness of the community in Penang District, Malaysia. This type of research is descriptive observational with a qualitative approach, as well as a phenomenological design to understand in depth the self-awareness of coastal communities in Penang District, Malaysia. This research involved 15 respondents with the criteria selected proportionally. The data collection method used structured interviews and the data analysis used was thematic, namely identifying, analyzing and reporting themes in qualitative data. The results of the study showed that access to medical services was 40% for traditional healers, the distance from home to health services was 40% at a distance of >10 KM, the means of transportation used by health services had the same presentation at 33.33%, health insurance was 80% at insurance/health fund contributions, place of delivery was 33.33% at hospitals, health workers who assisted in childbirth were 26.67% for health workers, diseases that often suffered from 46.66% were diarrhea, feces. 46.67% have sewage disposal facilities, 73.33% distance to the water absorption source > 10 meters, 46.67% provide clean water in wells, 40% clean water quality is free from pollution, 46.67% have rubbish disposal available and 53.33% have wastewater disposal where facilities are not available and are dumped openly. In conclusion, this research highlights the need to improve access to health services, infrastructure, and sanitation in coastal communities to improve overall community health.

Keywords: *Self-awareness, Coastal Community Health, Access to Health Services, Sanitation, Qualitative Research*

Background

Coastal communities often face unique health challenges, primarily due to limited access to health services and sanitation problems. In the coastal area of Penang District, Malaysia, this problem is an important concern. Coastal environments are often exposed to higher health risks due to their proximity to the sea, low access to basic infrastructure, and people's lifestyles that depend on nature (Rahman, 2019). In addition, infectious diseases such as diarrhea and skin infections are more common in coastal communities due to poor sanitation and limited clean water resources (Sulaiman & Ahmad, 2020).

Sanitation is one of the most important challenges for developing countries. *Menurut World Health Organization* (WHO), diarrheal disease kills one child in the world every 15 seconds, because access to sanitation is still too low. This creates major environmental health problems, as well as harming economic growth and human resource potential on a national scale. Conditions like this can be controlled through integrated interventions through a total sanitation approach. This is proven through study results *World Health Organization* in 2017, namely the incidence of diarrhea decreased by 32% by increasing community access to basic sanitation, 45% by the behavior of washing hands with soap, 39% by the behavior of managing safe drinking water in the household. By integrating these three intervention behaviors, the incidence of diarrhea decreased by 94%.

According to estimates *World Health Organization* 15%-20% of environmental-based diseases such as ISPA occur in developing countries, morbidity for children under five is more than 40/1000 live births. This especially happens to Indonesian toddlers who are estimated to be 3-6 years old (Purnama, 2016). Apart from that, there has also been an increase in cases of diarrhea, DHF (Dengue Hemorrhagic Fever), and contact dermatitis. Data from the 2018 Southeast Sulawesi Health Office shows that diarrhea sufferers have increased to 39,913 diarrhea sufferers out of a population of 2,637,447 (Muslikhah, et al, 2018). Likewise, dengue fever data in 2018 tends to increase, with a high incidence rate (IR) of 35 per 100,000. In 2019 the IR was 10.17% (Susilawaty, et al, 2022). Contact dermatitis has the highest prevalence in several countries, with an incidence of 0.5-1.9/1000 working hours/year. This condition will affect health (Wahyu, et al, 2019).

Public health in Penang District, Malaysia, reflects this reality. Many coastal residents still use traditional healing methods, have limited access to health facilities, and have low awareness of the importance of good sanitation. In addition, limited transportation facilities and the long distance between residential areas and formal health facilities add to the challenges in ensuring equitable access to health services (Ali, 2020). Therefore, efforts are needed to increase self-awareness in maintaining health, especially in an environment that has limitations like this.

Self-awareness or individual awareness of their own health condition and the surrounding environment is an important factor in improving the quality of life. People who have a high level of self-awareness tend to be more proactive in seeking medical help and taking disease prevention measures. However, in coastal communities, low levels of education and access to health information are often the main barriers for them to understand the importance of healthy behavior (Rahman, 2019). Therefore, this research aims to analyze introspective behavior and its implications for the health of coastal communities in Penang District, Malaysia.

Research Methods

This research uses a descriptive observational research approach qualitative to understand in depth the awareness of coastal communities in Penang District, Malaysia, and its implications for public health. A qualitative approach was chosen because it allows researchers to explore participants' perceptions, experiences, and behavior in depth within their social and cultural context (Creswell, 2014). This approach is often used in public health research to capture nuances that are difficult to measure quantitatively, such as self-awareness of health and the factors that influence it (Miles & Huberman, 2018). In the context of this research, researchers use phenomenological design, which focuses on participants' lived experiences and how they give meaning to those experiences. According to Husserl (2012), a phenomenological approach is very useful for understanding how individuals experience and interpret their health and daily behavior. This design was chosen to explore an in-depth understanding of introspection and how it impacts the health behavior of coastal communities.

The participants in this research consisted of 15 respondents chosen purposively. They are coastal communities in Penang District who meet certain demographic criteria, such as being over 18 years old, living in coastal areas for at least 5 years, and having direct experience regarding the health of their family or environment. Where participants are selected based on their ability to provide rich and relevant information to the research topic (Patton, 2015). These criteria were chosen so that participants have in-depth insight into the health conditions of coastal communities and are self-awareness in maintaining their health. Participant demographics included age, gender, employment status, and education level, all of which were taken into account in data analysis to obtain a more complete picture of their socio-economic context. Most of the respondents are fishermen and other informal workers, whose livelihoods are very dependent on the sea and natural resources. Researchers also paid attention to gender factors in selecting participants to gain diverse perspectives, especially because the health of women and children in coastal communities is often more vulnerable.

Data collection method in using structured interview with a previously prepared topic guide. These interviews were designed to explore important aspects of participants' awareness of health, including their understanding of disease, preventative behaviors, access to health services, and their views on the importance of sanitation. Interviews were conducted directly at the participant's location to ensure their social context was reflected in the answers given (Silverman, 2016). All interviews were recorded and then transcribed for further analysis. The use of interviews allows researchers to obtain in-depth and rich data about individuals' experiences in maintaining their own and their families' health (Patton, 2015).

After data is collected through interviews, process qualitative data analysis done by method thematic analysis. According to Braun and Clarke (2006), thematic analysis is an effective method for identifying, analyzing, and reporting patterns (themes) in qualitative data. This process involves several stages, namely: Read repeatedly interview transcripts to understand the data as a whole, Coding data based on the main themes that emerged from the interviews, such as perceptions of health, access to health services, and disease prevention behavior, Identify patterns which repeats itself and builds relationships between the resulting themes and Arranging the main theme which are relevant to the research objectives, such as being aware of health and its impact on the health behavior of coastal

communities. The data obtained was analyzed sequentially inductive, meaning that the main themes emerge from the data itself without imposing a particular theoretical framework (Miles & Huberman, 2018). Apart from that, the analysis also considers the social and cultural context of coastal communities, so that data interpretation remains relevant to the realities faced by participants (Creswell, 2014).

Research Result

a. Access Treatment Services When Sick

Table 1 shows that access to medical services when sick is greater among traditional healers (shamans), namely 40%, compared to self-medication, namely 33.33% and health workers, namely 26.6%.

Table 1. Access to medical services when the Pesisir community is sick in Penang District, Malaysia

Access to Health Services	Amount	Presentation (%)
Health energy	4	26,6%
Traditional (shaman)	6	40%
Treat yourself	5	33,33%
Total	15	100%

b. Distance From Home to Health Service Location

Table 2 shows that the distance between the house and the health service is greater at a distance of > 10 KM, namely 40%, compared to a distance of 6-10 KM, namely 33.33%, a distance of 1-5 KM, namely 20% and a distance of < 1 KM, namely 6.67%.

Table 2. Distance from house to Pesisir Community Health Service in Penang District, Malaysia

Distance from Home to Health Services	Amount	Presentation (%)
< 1 KM	1	6,67%%
1 – 5 KM	3	20%
6 – 10 KM	5	33,33%
> 10 KM	6	40%
Total	15	100%

c. Means of Transportation Used to Get to Health Services

Table 3 shows that the means of transportation used to get to health services has the same presentation, namely 33.33%.

Table 3. Means of transportation used to reach the Pesisis Community Health Service in Penang District, Malaysia

Transportation Facilities to Health Services	Amount	Presentation (%)
Footpath	5	33,33%
Private vehicle	5	33,33%
Public transportation	5	33,33%
Total	15	100%

d. Owned Health Insurance

From Table 4, it shows that those who have health insurance have more health insurance, the health fund contribution is 80% compared to those who do not have health insurance, which is only 20%.

Table 4. Health Insurance of the Pesisis Community in Penang District, Malaysia

Owned Health Insurance	Amount	Presentation (%)
Insurance, Health Fund Contributions	12	80%
No Health Guarantee	3	20%
Total	15	100%

e. Place of Delivery

Table 5 shows that the place for mothers to give birth is more often in hospitals, namely 33.33%, compared to at home, namely 26.67%, midwives and traditional birth attendants at 20%.

Table 5. Pesisis Community Delivery Places in Penang District, Malaysia

Place of Delivery	Amount	Presentation (%)
Hospital	5	33,33%%
Midwife	3	20%
Witch doctor	3	20%
My own house	4	26,67%
Total	15	100%

f. Personnel Who Help During Childbirth

Based on Table 6, it the number of workers who assist during childbirth are doctors, midwives and traditional birth attendants, namely 26.67%, compared to those assisted by the family, namely 20%.

Table 6. Personnel who assist during childbirth in Pesisis Community in Penang District, Malaysia

Personnel Who Help During Childbirth	Amount	Presentation (%)
Doctor	4	26,67%
Midwife	4	26,67%
Witch doctor	4	26,67%
Self/Family	3	20%
Total	15	100%

g. Diseases Frequently Suffered from

Table 7 shows that the diseases that are often suffered are diarrhea, namely 46.66%, compared to other diseases, namely 33.34% and coughing, itching, chicken pox, namely 20%.

Table 7. Diseases Frequently Suffered by Pesisis Community in Penang District, Malaysia

Diseases Frequently Suffered from	Amount	Presentation (%)
Diarrhea	7	46,66%
Cough, Itching, Chickenpox	3	20%
Others	5	33,34%
Total	15	100%

h. Sewage Disposal

Table 8 shows that there are more waste disposal facilities in facilities that meet the requirements and that do not meet the requirements, namely 46.67% compared to facilities that do not have facilities, namely 6.67%.

Table 8. Pesisis Community Waste Disposal in Penang District, Malaysia

Excrement Buildup	Amount	Presentation (%)
There are facilities, meet the requirements	7	46,67%
There are Means, Not Qualified	7	46,67%
No Means	1	6,67%
Total	15	100%

i. Distance between sewage reservoirs and clean water absorption wells

From Table 9, the distance between sewage and clean water absorption wells is greater at a distance of more than 10 meters, namely 73.33%, compared to a distance of less than 10 meters, namely only 26.6%.

Table 9. Distance between sewage reservoirs and clean water absorption wells for the Pesisir Community in Penang District, Malaysia

Distance between sewage reservoirs and clean water absorption wells	Amount	Presentation (%)
< 10 Meter	4	26,67%
> 10 Meter	11	73,33%
Total	15	100%

j. Providing Clean Water

Table 10 shows that the provision of clean water for use is more from well sources, namely 46.67%, compared to rivers and others, namely 40% and PDAM, namely 20%.

Table 10. Provision of Clean Water for the Pesisir Community in Penang District, Malaysia

Providing Clean Water	Amount	Presentation (%)
Well	7	46,67%
PDAM	3	20%
Rivers and Others	5	40%
Total	15	100%

k. Clean Water Quality

Table 11 shows that the quality of clean water used is greater than that which is free from contamination and is not foul, has a cloudy smell, namely 40%, compared to clean water that is tasteless, odorless, and not cloudy, namely 20%.

Table 11. Quality of Clean Water for the Pesisir Community in Penang District, Malaysia

Clean Water Quality	Amount	Presentation (%)
Free From Pollution	6	40%
Tasteless, Odorless, Cloudy	3	20%
Tasteless, Smelly, Cloudy	6	40%
Total	15	100%

l. Waste disposal

From Table 12, it shows that there is more waste disposal where there are rubbish bins available and uncovered rubbish bins available, namely 46.67% compared to those where there are no rubbish bins available, namely 6.67%.

Table 12. Pesisir Community Waste Disposal in Penang District, Malaysia

Waste disposal	Amount	Presentation (%)
Garbage disposal available	7	46,67%
Uncovered waste disposal sites are available	7	46,67%
Not available	1	6,67%
Total	15	100%

m. Kitchen Wastewater Containment

Based on Table 13, the disposal of kitchen wastewater is greater in those where there are no facilities and open storage, namely 53.33% compared to the kitchen wastewater disposal where closed facilities are available, flowing and there is no puddle, namely only 46.67%.

Table 13. Pesisir Community Kitchen Wastewater Containment in Penang District, Malaysia

Kitchen Wastewater Containment	Amount	Presentation (%)
Covered, flowing and no puddles are available	7	46,67%
No Facilities Available and Discarded Openly	8	53,33%
Total	15	100%

Research Discussion

Most Penang's coastal communities are more likely to use the services of traditional healers (40%) and treat themselves (33.33%) rather than seeking professional health workers such as doctors or midwives (26.67%). This shows a low level of self-awareness when it comes to seeking formal health services. Ease of access to health care facilities is related to several determining factors, including distance from residence and travel time to health facilities, as well as socio-economic and cultural status. Inequality in access and utilization of health services will cause health disparities. Low levels of seeking professional help can affect preventive efforts and early treatment, thereby increasing the risk of complications in their health condition (Permatasari, & Thinni, 2013). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 55.2% of the first medical assistance was given to health workers. People's habits of preferring traditional medicine or treating themselves have implications for delays in diagnosis and treatment of disease. As a result, many diseases that could have been treated earlier develop into more serious conditions, which can increase morbidity and mortality rates in these coastal areas.

A total of (40%) respondents reported that they lived more than 10 KM from a health facility, with (33.33%) others residing at a distance of 6 to 10 KM. This shows significant accessibility challenges in obtaining health services. Long distances from health facilities can reduce people's motivation to visit health centers, especially if they have to incur additional

costs for transportation. The smaller the distance and travel time between residence and health facilities, the greater the risk of death for babies, the elderly, the risk of death from heart disease, asthma patients and emergency patients (Rosalia et al, 2022). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that the distance from houses was 48.4%. At a distance of 1-5 KM. Difficult access to health facilities can affect the speed and frequency with which people seek treatment. This can also increase the risk of delays in treating chronic diseases or acute conditions that require immediate treatment.

As many as 33.33% of respondents had to walk to health facilities, while the other 33.33% used private vehicles and public transportation. Reliance on non-private transportation, such as walking or public transportation, can be a barrier for people to get health care, especially in emergency situations. Good transportation facilities and easy accessibility are very important to ensure people can access health services. Improving the quality of transportation, especially in rural areas, can have a positive impact on public health, including reducing maternal and child mortality rates and improving quality of life (Varela, et al, 2019). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 62.6% of the means of transportation used to get to health services were private vehicles. Transportation limitations increase travel time and potential delays in care, which is critical in treating emergencies. For individuals who depend on walking, they will likely only seek care in cases of extreme urgency, while everyday health conditions may be overlooked.

As many as 80% of respondents have health insurance or a healthy fund contribution program, while the other 20% have no health insurance at all. High insurance coverage is a positive indication, but for those who do not have health insurance, the potential for not getting access to medical care when needed is greater. Health Insurance is a guarantee in the form of health protection so that participants obtain health care benefits and protection in meeting basic health needs which is provided to everyone who has paid their contributions or whose contributions are paid by the government (Kurniawati and Rachmayanti, 2018). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 40.9% of health financing was through Jamkesmas insurance. People who do not have health insurance are more vulnerable to expensive medical costs and may choose not to seek medical help when they need it. This can worsen the health conditions of coastal communities and increase the health burden that is not handled properly.

As many as 33.33% of respondents chose to give birth in hospital, while others used the services of midwives, traditional birth attendants, or gave birth at home. The preference for using the services of a traditional birth attendant (20%) or giving birth at home (26.67%) reflects a lack of trust in formal health facilities or limited access to maternity services. According to Yulifah and Yuswanto (2014) Determining the place of delivery. Pregnant women and their husbands can determine the desired place to give birth so that the mother feels comfortable. To determine a safe birthing place, the things that must be considered are a clean and safe environment, such as at the village clinic, inpatient health center, private practice midwife, maternity home or at home as long as it meets the requirements for the place of birth. Research conducted by Meivy Dwi Putri (2016) in Sarolangun District, Sarolangun Jambi Regency stated that 74.4% of birthing places were in health facilities. Giving birth outside a formal health facility increases the risk of complications during childbirth, for both mother and baby. Lack of professional medical personnel during childbirth can also trigger increased maternal and infant mortality rates.

Only 26.67% of respondents were assisted by a doctor or midwife, while others relied on help from traditional healers or family. This indicates a lack of awareness or access to health professionals during childbirth. According to Purwoastuti (2015) the selection of a birth attendant is a decision to choose a birth attendant for the birth of the mother giving birth. One of the factors that most influences childbirth is choosing a birth attendant to help with the birthing process. Research conducted by Hidra, et al in 2016 in Pasir Putih, Muna Regency, stated that 63.6% of the birth process was assisted by health workers. Untrained medical personnel such as traditional birth attendants or family members do not have the capacity to treat serious birth complications. This has the potential to cause an increase in maternal and neonatal mortality rates in coastal areas.

Diarrhea was the most frequently reported disease (46.66%), followed by other diseases such as coughing, itching and chicken pox. The high prevalence of diarrhea reflects poor sanitation conditions and access to clean water in coastal communities. Problems that often occur in coastal areas include uninhabitable housing conditions, difficulty in getting access to basic public infrastructure services, economic problems, and health problems caused by environmental conditions. Coastal areas are areas that are vulnerable to health problems. One of the health problems that occur in coastal areas is caused by a lack of awareness in carrying out good personal health and environmental health behaviors (Nida et al, 2022). Research conducted by Hariati Lestari in 2022 in the Coastal Community of the Mata Health Center Working Area stated that 58% of the diseases suffered by coastal communities were diarrhea. Recurrent diarrheal disease can cause malnutrition, dehydration, and is potentially fatal, especially for children. Without appropriate intervention, the health of coastal communities continues to be threatened by inadequate sanitation conditions.

As many as 46.67% of respondents had waste disposal facilities that did not meet the requirements, and another 6.67% had no disposal facilities at all. This is a serious problem in sanitation that affects people's quality of life, so there is a need for healthy latrines that meet the requirements as defecation facilities that can prevent pollution of water bodies, prevent contact between humans and feces, prevent flies or other insects landing on feces, prevent unpleasant odors, as well as good, safe and easy to clean slab construction (Asriwati et al., 2023). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 64.3% of family latrines met the requirements. Inadequate sewage systems can cause water and environmental contamination, ultimately spreading infectious diseases such as diarrhea. This worsens the quality of health of coastal communities.

As many as 73.33% of respondents have sufficient distance between sewage disposal and clean water absorption wells (>10 meters). However, another 26.67% still have inadequate facilities, which risks polluting clean water sources. Groundwater contamination by bacteria from pollution sources can reach 10 meters in the direction of groundwater flow. For this reason, the construction of a pump well or dug well must be 10 meters away from the source of bacteriological contamination (Suyono, 2010). Research conducted by Margareth R. Sapulete in 2010 in Tuminting Village, Tuminting District, Manado City stated that 83% of dug wells were 11 meters wide with *septic tank*. Contamination of drinking water due to the close proximity between sewage facilities and infiltration wells increases the risk of outbreaks of water-related diseases, such as cholera and diarrhea.

As many as 46.67% of respondents used wells as a source of clean water, but only 20% used PDAM. The use of rivers or other water sources that are more susceptible to pollution is also still quite high (40%). Water is a very important component in the life of living

creatures. In terms of water quality, it must meet biological, physical, chemical and radioactivity requirements. Iron levels that exceed the standard will result in brownish water, a fishy smell and a bitter taste. For this reason, iron (Fe) levels in water need to be reduced (Sanjaya and Moerkani, 2011). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 96.6% of clean water was provided by PDAM. Limitations in the provision of safe, clean water increase the risk of water-based diseases such as diarrhea, typhus and cholera, which are often found in areas with poor sanitation systems.

As many as 40% of respondents reported that the water they used tasted, smelled or was cloudy. This shows that there is contamination in clean water sources that are used daily. Water of a certain quality and used for daily needs whose quality is different from water for drinking purposes (RI Minister of Health Regulation No. 32 of 2017). Meanwhile, what is meant by clean water is water that is safe, healthy and good for drinking, colorless, gray, with a fresh taste (Suripin, 2002). Research conducted by Miftahul Djana in 2023 shows that the quality of drilled well water that exceeds the quality standards that have been determined is the color of 67% which exceeds the standard quality standard, the iron content of 75% exceeds the quality standard, chloride by 65%, and biologically, total coliform of 80% exceeds the quality standard with piping 3% of the quality standard and piping of 17%. The broad outline that can be drawn from this research is that the quality of drilled well water in the Hajimena Subdistrict, Natar Lampung District is not suitable for use as clean water because several contents such as iron, dye and coliform levels exceed the quality standards of Minister of Health Regulation No. 32 of 2017. Poor water quality can cause various diseases, especially gastrointestinal diseases. Polluted water also reduces the quality of life and increases morbidity rates in coastal communities.

As many as 46.67% of respondents did not have a closed rubbish dump, and 6.67% did not have a dump at all. Waste can have a negative impact on the surrounding environment, such as triggering global warming, creating a slum environment and a source of disease. Waste comes from various types, such as organic and inorganic waste (Rahmat et al., 2023). Waste is also a problem that needs to be addressed together, one way that can be done is by starting the habit of throwing rubbish in its place (Nusyirwan, 2020). Research conducted by Idham Latif (2016) in the Coastal Community of Karangsong Village stated that 65.9% had rubbish dumps without lids. Poor waste management can lead to an increased risk of spreading disease through environmental contamination, and can attract disease vectors such as flies and mice.

As many as 53.33% of respondents reported that their kitchen waste water was disposed of openly. This worsens the quality of sanitation in coastal communities. The impact of disposing of kitchen waste directly into waterways or public waters will cause environmental pollution. Environmental pollution by organic materials and fats is a good medium for the growth of microorganisms. So a decay process occurs which causes an unpleasant odor (rotten smell). The fat in liquid kitchen waste in the waters will cover the surface of the water, thereby preventing the entry of oxygen. Lack of oxygen in waters results in disruption of the balance of the water ecosystem, causing the death of various aquatic biota (Ganefati, 2011). Research conducted by Idham Latif (2016) in the Karangsong Village Coastal Community stated that 93.5% of waste water disposal was diverted into ditches/rivers. Open disposal of kitchen waste risks polluting the environment and spreading diseases associated with poor water quality and environmental hygiene.

Conclusions and Recommendations

Conclusion

1. **Low awareness of health:** Coastal communities in Penang show a low level of self-awareness in seeking formal health services, preferring traditional medicine or self-medication. This has the potential to result in delays in disease treatment and worse health conditions.
2. **Accessibility and Transportation:** Long distances from health facilities and limited transportation are significant obstacles for people to get the care they need, especially in emergencies.
3. **Sanitation and Water Quality:** Poor sanitation conditions and clean water quality are factors causing the high prevalence of disease, especially diarrhea. Improper waste disposal and poor waste management worsen public health.
4. **Trust in Health Workers:** Reliance on traditional birth attendants and non-professional health workers during childbirth reflects low trust in formal health facilities, which can increase the risk of complications during childbirth.
5. **Maternal and Child Health:** The high percentage of births that are not handled by trained medical personnel has the potential to increase maternal and infant mortality rates, which are important indicators in public health.

Recommendation

1. **Increased Access to Health Services:** The government and authorities need to improve health infrastructure by establishing more easily accessible health centers in coastal areas, as well as improving transportation facilities to make it easier for people to reach health services.
2. **Health Education and Awareness:** Health education programs should be implemented to increase public awareness of the importance of seeking formal medical care and understanding the risks of traditional medicine.
3. **Sanitation Improvement and Clean Water Supply:** Efforts to improve sanitation systems and provide clean water must be prioritized. The development of adequate sanitation infrastructure, such as public toilets and closed rubbish dumps, is necessary to prevent environmental pollution.
4. **Improved Maternity Health Services:** Education about reproductive health and access to medical personnel trained in childbirth need to be improved to reduce the risk of complications and increase the safety of mothers and babies.
5. **Community Involvement:** Communities must be involved in health programs to ensure the sustainability and effectiveness of interventions. Community activities such as training local health cadres can be a solution to increase awareness and access to health services.

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